



**Service of Process
Transmittal**

12/11/2020

CT Log Number 538732178

TO: Olivia Gonzalez
The Prudential Insurance Company of America
Legal Department, 751 Broad St, 4th Fl
Newark, NJ 07102

RE: Process Served in Louisiana

FOR: The Prudential Insurance Company of America (Domestic State: NJ)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION:	ALLISON SAVOIE, Pltf. vs. THE PRUDENTIAL INSURANCE COMPANY OF AMERICA, Dft.
DOCUMENT(S) SERVED:	-
COURT/AGENCY:	None Specified Case # 20203988
NATURE OF ACTION:	Insurance Litigation
ON WHOM PROCESS WAS SERVED:	C T Corporation System, Baton Rouge, LA
DATE AND HOUR OF SERVICE:	By Certified Mail on 12/11/2020 postmarked: "Not Post Marked"
JURISDICTION SERVED :	Louisiana
APPEARANCE OR ANSWER DUE:	None Specified
ATTORNEY(S) / SENDER(S):	None Specified
ACTION ITEMS:	CT has retained the current log, Retain Date: 12/11/2020, Expected Purge Date: 12/16/2020 Image SOP Email Notification, Legal Process Unit legal.process.unit@prudential.com Email Notification, Susan Arizzo susan.arizzo@prudential.com Email Notification, Rosalia Bernal rosalia.bernal@prudential.com Email Notification, Darbi Luzzi darbi.luzzi@prudential.com Email Notification, Veronica O'Neal veronica.oneal@prudential.com Email Notification, Lissette Diaz lissette.diaz@prudential.com Email Notification, Pamela Sidoti pamela.sidoti@prudential.com Email Notification, Cheryl Moore cheryl.moore@prudential.com Email Notification, Olivia Gonzalez Olivia.Gonzalez@prudential.com Email Notification, Julianne Hackett julianne.hackett@prudential.com



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TO: Olivia Gonzalez
The Prudential Insurance Company of America
Legal Department, 751 Broad St, 4th Fl
Newark, NJ 07102

RE: Process Served in Louisiana

FOR: The Prudential Insurance Company of America (Domestic State: NJ)

REGISTERED AGENT ADDRESS: C T Corporation System
3867 Plaza Tower Dr.
Baton Rouge, LA 70816
800-448-5350
MajorAccountTeam1@wolterskluwer.com

The information contained in this Transmittal is provided by CT for quick reference only. It does not constitute a legal opinion, and should not otherwise be relied on, as to the nature of action, the amount of damages, the answer date, or any other information contained in the included documents. The recipient(s) of this form is responsible for reviewing and interpreting the included documents and taking appropriate action, including consulting with its legal and other advisors as necessary. CT disclaims all liability for the information contained in this form, including for any omissions or inaccuracies that may be contained therein.

R. KYLE ARDOIN
SECRETARY OF STATE
P.O. BOX 94125
BATON ROUGE, LA 70804-9125



PRUDENTIAL INSURANCE COMPANY OF AMERICA
C/O CT CORPORATION SYSTEM
3867 PLAZA TOWER DR
BATON ROUGE, LA 70816

7020 1290 0002 1778 1762



FIRST CLASS

**State of Louisiana
Secretary of State**

12/10/2020

Legal Services Section
P.O. Box 94125, Baton Rouge, LA 70804-9125
(225) 922-0415

PRUDENTIAL INSURANCE COMPANY OF AMERICA
C/O CT CORPORATION SYSTEM
3867 PLAZA TOWER DR
BATON ROUGE, LA 70816

Suit No.: 20203988
14TH JUDICIAL DISTRICT COURT
CALCASIEU PARISH

ALLISON SAVOIE
vs
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Dear Sir/Madam:

I am enclosing a citation served in regard to the above entitled proceeding. If you are not the intended recipient of this document, please return it to the above address with a letter of explanation. All other questions regarding this document should be addressed to the attorney that filed this proceeding.

Yours very truly,

R. KYLE ARDOIN
Secretary of State

Served on: R. KYLE ARDOIN
Served by: E CUMMINGS

Date: 12/09/2020
Title: DEPUTY SHERIFF

No: 1182761

KS



Citation

ALLISON SAVOIE
VS. 2020-003988
THE PRUDENTIAL INSURANCE
COMPANY OF AMERICA



14th Judicial District Court
State of Louisiana
Parish of Calcasieu

THE STATE OF LOUISIANA

TO: THE PRUDENTIAL INSURANCE
COMPANY OF AMERICA
THROUGH REGISTERED AGENT
FOR SERVICE OF PROCESS:
LOUISIANA SECRETARY OF STATE
8585 ARCHIVES AVENUE
Baton Rouge, LA 70809

SERVED ON
R. KYLE ARDOIN
DEC 09 2020

SECRETARY OF STATE
COMMERCIAL DIVISION

Parish of East Baton Rouge, Louisiana, Defendant in said suit:

YOU ARE HEREBY CITED TO APPEAR before said Court, for said Parish, and to comply with the demand contained in the petition of ALLISON SAVOIE, "PETITION" against you, certified copy of which petition accompanies this citation, or file your answers thereto in writing in the office of the Clerk of Court, at the Courthouse, in the City of Lake Charles, in said Parish, within fifteen (15) days after the service hereof, under penalty of default.

Witness the Honorable Judges of said Court, at Lake Charles, Louisiana, this 18th day of November 2020.

Issued and delivered November 24, 2020

Shelbie Hardy
Deputy Clerk of Court

SERVICE INFORMATION

Received on the _____ day of _____ 20____, and on the _____ day of _____ 20____, served the above named party as follows:

PERSONAL SERVICE on the party herein named _____

DOMICILIARY SERVICE on the party herein named by leaving the same at his domicile in the parish in the hands of _____, a person apparently over the age of seventeen years, living and residing in said domicile and whose name and other facts connected with this service, I learned by interrogating the said person, said party herein being absent from his residence at the time of said service.

RETURNED:
PARISH OF _____ this _____ day of _____ 20____

SERVICE \$ _____ BY: _____
Deputy Sheriff

MILEAGE \$ _____

TOTAL \$ _____

Party No. P001



C M S 6 9 8 2 3 0 9
Filing Date: 11/24/2020 03:14 PM Page Count: 1
Case Number: 2020-003988
Document Name: 1600 Citation

ALLISON SAVOIE : 14TH JUDICIAL DISTRICT COURT

VS. NO. 2020-3988 G : PARISH OF CALCASIEU

THE PRUDENTIAL INSURANCE : STATE OF LOUISIANA
COMPANY OF AMERICA

FILED: NOV 18 2020 : Jarah Billie
DEPUTY CLERK OF COURT

PETITION

NOW INTO COURT, through undersigned counsel, comes Plaintiff, ALLISON SAVOIE, an individual of the full age of majority and domiciled in Calcasieu Parish, Louisiana, who respectfully represents:

CALCASIEU CLERK-COST
NOV 18 2020 PM03:42:09

1.

Made defendant herein is:

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA, a corporation that may be served through its registered agent for service of process, Louisiana Secretary of State, 8585 Archives Avenue, Baton Rouge, Louisiana 70809 ("Defendant");

2.

Mrs. Savoie maintained a "Group Term Life Plan" dependent's insurance policy (the "Policy"). The policyholder is NEA Members Insurance Trust, and the policy itself is underwritten by the Defendant. At all relevant times, Mrs. Savoie paid her premiums owed under the policy timely. See Exhibit "A."

3.

Mrs. Savoie is the beneficiary of the Policy. Her "Qualified Dependents" are the insured(s) under the Policy, including Mrs. Savoie's spouse at the time she purchased the Policy, Robby Savoie.

4.

Mrs. Savoie and Robby Savoie divorced on August 23, 2018. Several months after their divorce, Mrs. Savoie and Robby began repairing their relationship. The relationship became increasingly romantic as time passed in 2019. On or about May 19, 2019, a physician diagnosed Robby with terminal cancer that ultimately took his life. Mrs. Savoie was Robby's primary caretaker through his illness and was the one holding his hand as he passed away. They loved each other and carried out many of the day-to-day activities of a married couple. Mrs. Savoie was even listed as Robby's wife in the obituary written by his father and brother.

5.

Unfortunately, Robby Savoie (hereinafter, the “Decedent”) died on November 23, 2019. Shortly thereafter, Mrs. Savoie filed her claim for insurance proceeds arising from the Decedent’s death benefit under the Policy. Defendant erroneously denied this claim on February 6, 2020.

6.

Mrs. Savoie, through undersigned counsel, mailed her administrative appeal (the “Appeal”) to the Defendant by letter dated June 3, 2020. See Exhibit “B.”

7.

The Defendant acknowledged receipt of the Appeal by letter dated June 25, 2020. See Exhibit “C.” Therein, Defendant stated that they received the Appeal and would provide a decision on that Appeal within 45 days of the date it received the Appeal.

8.

By letter dated July 2, 2020, Defendant requested more information from Mrs. Savoie to provide a determination. See Exhibit “D.” Defendant sent another letter on July 29, 2020, requesting an additional 45 days from the date of the letter to review the Appeal. See Exhibit “E.”

9.

Mrs. Savoie provided additional documentation related to her Appeal by letter dated August 21, 2020. See Exhibit “F.”

10.

The 90-day deadline, including the requested extension, was no later than September 23, 2020, under Defendant’s own procedures set forth by letter. See Exhibit C; Exhibit E. As of November 13, 2020—at least 51 days after the deadline—Mrs. Savoie has not received a final decision from the Defendant regarding her Appeal.

11.

The Policy is governed by the laws of the Employee’s Retirement Income Security Act of 1974 (“ERISA”). When the administrator of an ERISA plan fails to follow its own claims procedure, a claimant’s administrative remedies are deemed exhausted and the claimant may seek judicial review of the claim. See *Fessenden v. Reliance Std. Life Ins. Co.*, 927 F.3d 998,

1001 (7th Cir. 2019); *Baptist Mem. Hosp. - Desoto, Inc. v. Crain Auto., Inc.*, 392 Fed. Appx. 289, 293 (5th Cir. 2010).

12.

Moreover, an administrator's failure to render a decision entitles the claimant to a *de novo* review of the claim by the Court. *Fessenden*, supra.

13.

The Defendant incorrectly denied Mrs. Savoie's claim because she and the Decedent divorced prior to his death, which the Defendant claims excludes the Decedent as a "Qualified Dependent" under the Policy. The facts and circumstances of Mrs. Savoie and the Decedent's relationship and life together, however, satisfies, the policy's definition of a Qualified Dependent in its entirety.

14.

Based on the foregoing that was previously provided to the Defendant, the Decedent is a Qualified Dependent of Mrs. Savoie because their relationship meets the standard of a "Qualified Domestic Partner" as set forth in the Policy and detailed in Paragraph 4 herein.

15.


Mrs. Savoie is entitled to full payment of the Policy amount.

WHEREFORE, Plaintiff, ALLISON SAVOIE, prays that:

- I. Defendant is duly cited and served with a certified copy of this petition and be commanded to respond thereto;
- II. After due proceedings, judgment be rendered in favor of Plaintiffs, and against the Defendant in the amount of the full Policy commensurate with the damages determined after a trial on the merits, plus attorney fees, interest and costs; and
- III. Full, general, and equitable relief.

Respectfully submitted:

STUTES & LAVERGNE, LLC

By: 
RUSSELL J. STUTES, JR. (#21147)
P. JODY LAVERGNE (#27546)
RUSSELL J. STUTES, III (#38420)
600 Broad Street
Lake Charles, LA 70601
Telephone: (337) 433-0022
Facsimile: (337) 433-0601
Email: rjs3@stuteslaw.com

PLEASE SERVE:

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Through its registered agent for service of process :

Louisiana Secretary of State

8585 Archives Avenue

Baton Rouge, Louisiana 70809

A TRUE COPY

Lake Charles, Louisiana

Shelton Hirdy

Deputy Clerk of Court
Calcasieu Parish, Louisiana

NOV 24 2020

ALLISON SAVOIE : 14TH JUDICIAL DISTRICT COURT

VS. NO. 2020-3988 G : PARISH OF CALCASIEU

THE PRUDENTIAL INSURANCE : STATE OF LOUISIANA
COMPANY OF AMERICA

FILED: NOV 18 2020

Sarah Miller
DEPUTY CLERK OF COURT

AFFIDAVIT OF VERIFICATION

BEFORE ME, the undersigned Notary, personally came and appeared ALLISON SAVOIE, the petitioner, who, upon being duly sworn, declared that she has read the foregoing Petition and that the allegations of fact contained therein are true and correct to the best of her knowledge, information and belief.

Allison Savoie
ALLISON SAVOIE

SWORN TO AND SUBSCRIBED before me in Lake Charles, Louisiana, on this 16th
day of November, 2020.

Amy McMillin
Print: Amy McMillin
NOTARY PUBLIC
Commission number: 101601
My commission expires: at death



POLICYHOLDER - NEA MEMBERS INSURANCE TRUST	POLICY G-20400-2
CERTIFICATE EFFECTIVE DATE: 08/01/06	CERTIFICATE NO. 80267-0050082

CERTIFICATE HOLDER:

ALLISON M SAVOIE
7829 MCCINDY RD
LAKE CHARLES LA 70607-0735

GROUP TERM LIFE PLAN

FILED

NOV 18 2020

Sarah B. L. L. L.

Amount for Each Benefit Class:

Deputy Clerk of Court
Calcasieu Parish, Louisiana

Benefit Classes:

Amount of Insurance:

According to your attained age as follows:	Member
Less than age 70.....	\$ 150,000
Age 70 or more but less than age 75.....	\$ 75,000
Age 75 or more.....	\$ 15,000

Change in Benefit Class: Your amount of insurance is the amount shown above for your class. When your class changes because you reach age 70 or 75, your amount of insurance will be automatically adjusted to the amount of insurance for your new class. This change will take effect on your Anniversary Date which occurs on or immediately follows the date your class changes. Your billing notice will show the new payment which results from the change in class.

Premium Adjustment: Your premium rate will change in five-year age brackets. When you reach your next age bracket, your billing notice will reflect this premium adjustment.

You can access your account information directly by visiting neamb.com/myaccount.

IMPORTANT: THIS IS A PART OF YOUR CERTIFICATE. IT IS EVIDENCE OF YOUR COVERAGE AND SHOULD BE ATTACHED TO YOUR CERTIFICATE. THIS SCHEDULE REPLACES AND CANCELS ALL OTHER SCHEDULES, IF ANY, ISSUED TO THE INSURED NAMED HEREON UNDER SAID CERTIFICATE.

UNDERWRITTEN BY:

The Prudential Insurance
Company of America

nea Members
Insurance Trust

PLAN ADMINISTERED BY:

NEA INSURANCE OPERATIONS
P.O. Box 9389
Des Moines, IA 50306-9389

M-191 (12/93)



**Your
NEA INSURANCE
BOOKLET and
CERTIFICATE**

NEA Members Insurance Trust
A policy of caring

NEA Group Term Life Plan

Prudential  Financial

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Amount for Each Benefit Class: See the Schedule of Benefits Face Page.

OTHER INFORMATION

Contract Holder: NEA MEMBERS INSURANCE TRUST

Group Contract No.: G-20400-2

Program Date: October 1, 2004. This Booklet describes the benefits under the Group Program as of this Date. The Program Date is not the same as your Effective Date of Coverage.

Cost of the Insurance: The Member and Dependents Insurance in this Booklet is Contributory Insurance. You will be informed of the amount of your Payment when you enroll.

Prudential's Address:

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, New Jersey 07039

WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. Use a claim form, and follow the instructions on the form.

If you do not have a claim form, contact:

NEA Insurance Operations
P.O. Box 1737
Des Moines, IA 50306-1737
Toll Free Number
1-800-523-5877

7:00 AM to 8:00 PM Central Time Monday - Friday

You can enroll a Qualified Domestic Partner under the Program. No Domestic Partner will be considered your Qualified Domestic Partner while you have a spouse who is or could be covered as a Qualified Dependent. You must notify Prudential within 10 days of the date that a person ceases to be considered a Qualified Domestic Partner.

Your children include your legally adopted children and each of your stepchildren and foster children who depends on you for support and maintenance.

Exceptions:

- The age 21 limit does not apply to a child who:
 - (a) wholly depends on you for support and maintenance; and
 - (b) is enrolled as a full-time student in a school; and
 - (c) is less than the Student Age Limit.Student Age Limit: 25.
- Your spouse, Domestic Partner or child is not your Qualified Dependent while:
 - (a) on active duty in the armed forces of any country; or
 - (b) insured under any Member Term Life Coverage of the Group Contract; or
 - (c) the spouse, Domestic Partner or child has protection under any Member Term Life Coverage of the Group Contract after the spouse's, Domestic Partner's or child's insurance under that Coverage ends.

A child will not be considered the Qualified Dependent of more than one Member. If this would otherwise be the case, the child will be considered the Qualified Dependent of the Member named in a written agreement of all such Members filed with the NEA. If there is no written agreement, the child will be considered the Qualified Dependent of:

- (a) the Member who became insured under the Group Contract with respect to the child, while the child was a Qualified Dependent of only that Member; and otherwise
- (b) the Member who has the longest continuous membership in the NEA, based on the NEA's records.

The rules for obtaining Dependents Insurance are in the "When You Become Insured" section.

- (1) You enroll for Dependents Insurance under a Coverage after you are first eligible for Dependents Insurance. The requirement will apply to each Qualified Dependent you have when you enroll.
- (2) You enroll for Dependents Insurance after any insurance under the Group Contract ends because you did not pay a required contribution. The evidence requirement will apply to each Qualified Dependent you have when you enroll.
- (3) The Qualified Dependent is a person for whom a previous requirement for evidence of insurability has not been met. The evidence was required for that person to become covered for an insurance, as a dependent or a Member.

While you are insured for Dependents Insurance under a Coverage, the evidence requirement will not apply to a new dependent.

Delay of Effective Date

FOR DEPENDENTS TERM LIFE COVERAGE

A Qualified Dependent may be confined for medical care or treatment, at home or elsewhere. If a Qualified Dependent is so confined on the day that your Dependents Insurance under a Coverage for that Qualified Dependent, or any change in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or change will take effect upon the Qualified Dependent's final medical release from all such confinement. The other requirements for the insurance or change must also be met.

Newborn Child Exception: This section does not apply to a child of yours if the child is born to you, becomes your Qualified Dependent when the child is 14 days old, and either:

- (1) is your first Qualified Dependent; or
 - (2) becomes a Qualified Dependent while you are insured for Dependents Insurance under that Coverage for any other Qualified Dependent.
-

Individual Contract Rules: The individual contract must conform to the following:

Amount:

If your insurance ends by reason of (1) above: Not more than your Member Term Life Insurance under this Coverage when your insurance ends.

If your insurance ends by reason of (2) above: The total amount of individual insurance which you may get in place of all your life insurance then ending under the Group Contract will not exceed the lesser of the following:

- (1) The total amount of all your life insurance then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible within the next 31 days.
- (2) \$10,000.

Form: Any form of a life insurance contract that:

- (1) conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
- (2) is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Prudential's rate as it applies to the form and amount, and to your class of risk and age at the time.

Effective Date: The end of the two calendar month period during which you may apply for it.

Any death benefit provided under a section of this Coverage is payable according to that section and the "Beneficiary" and "Mode of Settlement Rules".

- (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.

Effect on Insurance: This benefit is in lieu of the benefits that would have been paid on your death with respect to the Terminal Illness Proceeds. When you elect this option, the total amount of Member Term Life Insurance otherwise payable on your death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount you could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds.

Dependents Term Life Coverage

FOR YOUR DEPENDENTS ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.

If a dependent dies while a Covered Person, the amount of insurance on that dependent under this Coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING A CONVERSION PERIOD.

A death benefit is payable under this Section B if a dependent dies:

- (1) within two Calendar months after ceasing to be a Covered Person; and
- (2) while entitled (under Section C) to a conversion of the insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Dependents Term Life Coverage which could have been converted. It is payable even if conversion was not applied for. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.

This privilege applies if you cease to be insured for the Dependents Term Life Coverage of the Group Contract with respect to a dependent. That dependent may have your insurance on the dependent under this Coverage, which then ends, converted to an individual life insurance contract. Evidence of insurability is not required. However, conversion is not available if the insurance ends for one of these reasons:

- (1) You fail to make any required contribution for insurance under the Group Contract.
- (2) All Dependents Term Life Coverage of the Group Contract for your class ends by amendment or otherwise. This (2) does not apply if, on the date it ends, you have been insured with respect to the dependent for five years for that insurance (or for that insurance and any Prudential rider or group contract replaced by that insurance).

Any such conversion is subject to the rest of this Section C.

Availability: The individual contract must be applied for and the first premium must be paid by the later of:

- (1) within two calendar months after you cease to be insured for Dependents Term Life Coverage with respect to the dependent, and
- (2) the fifteenth day after you have been given written notice of the conversion privilege. But in no event may conversion to an individual contract be applied for if the contract is not applied for and the first

- (2) If no Beneficiary has been chosen by the continuing dependent spouse or Qualified Domestic Partner, then to the estate of the continuing dependent spouse or Qualified Domestic Partner, or at Prudential's option, to any one or more of these surviving relatives of the dependent:

wife; husband; mother; father; children; brothers; sisters.

Choice by Beneficiary: A Beneficiary being paid under a Mode of Settlement may, if Prudential agrees, choose (or change the Beneficiary's choice of) a payee or payees to receive, in one sum, any amount which would otherwise be payable to the Beneficiary's estate.

Prudential has prepared information about the modes of settlement available. Contact NEA Insurance Operations, P. O. Box 1737, Des Moines, Iowa 50306-1737 for this information.

INCONTESTABILITY OF LIFE INSURANCE

This limits Prudential's use of your statements in contesting an amount of Life Insurance for which you are insured. These are statements made to persuade Prudential to accept you for insurance. They will be considered to be made to the best of your knowledge and belief. These rules apply to each statement:

- (1) It will not be used in the contest unless:
 - (a) It is in a written instrument signed by you; and
 - (b) A copy of that instrument is or has been furnished to you or to your Beneficiary.
 - (2) If it relates to your insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during your lifetime.
-

Decreasing Term Life Insurance: Term life insurance which provides a benefit that will decrease as shown in the Amount of Insurance Columns in the Schedule of Benefits.

Dependents Insurance: Insurance on the person of a dependent.

Doctor: A licensed practitioner of the healing arts acting within the scope of the license.

Injury: Injury to the body of a Covered Person.

Member: A person who is an Active, Staff, Substitute, Reserve, Student, Retired or Life Member of the NEA.

Member Insurance: Insurance on the person of a Member.

Mode of Settlement: The settlement option not including lump sum payment which is either arranged by the insured Member prior to death or selected by the Beneficiary or person who has a right to receive a settlement under the Coverage.

NEA: The National Education Association of the United States.

Payment: This refers to the contributions that are required for the insurance. The required contributions are to be made by the Payment Due Date.

Payment Due Date: Payments are to be made starting with the date the Member becomes insured under the Group Contract. This date may occur monthly or be changed to another option at the request of the Member. The Payment basis may be changed to quarterly, semi-annually or annually or be changed back to monthly. No Payment is due on a day, if on that day, the Member is not then insured.

Period of Insurance under a Coverage: Each period of your insurance under a Coverage begins on a Payment Due Date. Periods of Insurance may differ as follows: The period is one calendar month if Payments are due on a monthly basis. It is three consecutive calendar months if Payments are due on a quarterly basis. It is six consecutive calendar months if Payments are due on a semi-annual basis. It is twelve consecutive calendar months if Payments are due annually.

Prudential: The Prudential Insurance Company of America.

Sickness: Any disorder of the body or mind of a Covered Person including pregnancy of a Covered Person, abortion, miscarriage, or childbirth, but not including Injury.

You: A Member.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Certificate of Coverage

Prudential certifies that insurance is provided according to the Group Contract(s) for each Insured Member. Your Booklet's Schedule of Benefits shows the Contract Holder and the Group Contract Number(s).

Insured Member: You are eligible to become insured under the Group Contract if you are in the Covered Classes of the Booklet's "Definitions" section and meet the requirements in the Booklet's "Who is Eligible" section. The "When You Become Insured" section of the Booklet states how and when you may become insured for each Coverage. Your insurance will end when the rules in the "When Your Insurance Ends" section so provide. Your Booklet and this Certificate of Coverage together form your Group Insurance Certificate.

Beneficiary for Member Death Benefits: See the Booklet's "Beneficiary Rules".

Coverages and Amounts: The available Coverages and the amounts of insurance are described in the Booklet.

If you are insured, your Booklet and this Certificate of Coverage form your Group Insurance Certificate. Together they replace any prior booklets and certificates issued to you for the Coverages in the Booklet's Schedule of Benefits. All Benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate.

The Prudential Insurance Company of America

INTRODUCTION

The National Education Association (NEA) sponsors a group insurance plan for its members called the "NEA Members Insurance Plan" ("the Plan"). The purpose of the Plan is to provide NEA Members with group insurance benefits in the event of their death, accident, sickness, disability, or other occurrences affecting members and their families. These benefits are funded by one or more group insurance policies acquired and maintained by the trustees of the NEA Members Insurance Trust, the nonprofit entity created as the vehicle through which benefits are provided to NEA members participating in the Plan. Participation for Life Insurance is open to NEA members on a voluntary basis. Participants select the type of coverage they want and pay the entire cost themselves. The NEA does not contribute to the cost of these coverages.

The terms of the Plan are currently contained in a Trust agreement and operating document governing the Plan, in the insurance policies issued to the Trust, in administration agreements between insurance carriers and the Trust, and in resolutions adopted by NEA's Board of Directors and Executive Committee. The Life program is described in previous pages of this Booklet.

The purpose of this Summary Plan Description is to inform you about the Plan's structure. This Summary is being furnished to you in compliance with the Employee Retirement Income Security Act of 1974 (ERISA). As a participant in the Plan, you are entitled to certain rights and protections under ERISA. These rights are summarized in this Summary Plan Description.

CLAIMS

Initial Procedures. If there is a claim for any benefit under the Plan, you or your Beneficiary should notify NEA Insurance Operations, Post Office Box 1737, Des Moines, Iowa 50306-1737. The appropriate claim forms will be sent by return mail accompanied by complete claim instructions. If the claim results from death, a certified copy of the death certificate with the raised seal will be required. If the claim results from total disability, you will be sent a form which must be completed by your physician.

Review of Denied Claims. If a claim for benefits is denied or ignored, in whole or in part, you are entitled to have your claim reviewed by Prudential. You or your authorized representative will receive a written explanation of the reason for the denial. Prudential will send this written notice to you within 90 days. If you are not notified at all within 90 days, this may be considered a claim denial. You then have the right to have Prudential review and reconsider your claim. In order to initiate a review of that claim decision, you must make written request to Prudential. You may then take certain steps to enforce your right to this review process. You may file suit in a state court, or you may file suit in a federal court. The court will decide who should pay the court costs and legal fees. You can obtain further information regarding this review procedure from NEA Member Benefits.

YOUR RIGHTS UNDER ERISA

As a participant in the NEA Members Insurance plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants have the following rights:

- **You have the right to examine**, without charge, at the offices of NEA Member Benefits Corporation, 900 Clopper Road, Suite 300, Gaithersburg, Maryland 20878, all Plan documents, including insurance contracts (with riders and amendments) with Prudential and the pertinent resolutions adopted by NEA's Board of Directors and the Executive Committee for the administration of the Plan. You may also examine, without charge, copies of all documents pertaining to the Plan filed by the NEA Members Insurance Trust with the U.S. Department of Labor.
- **You have the right to obtain copies** of Plan documents and other Plan information upon written request to NEA Member Benefits at the above address. NEA Member Benefits may make a reasonable charge for the copies.
- **You are entitled to a summary financial report.** If you want a copy of that report, write to NEA Member Benefits at the above address.

In addition to creating rights for you, ERISA imposes duties on NEA, and the Trustees in their operation of the NEA Life Insurance Plan. The NEA and the Trustees are "fiduciaries." In addition, Prudential is the appropriate named fiduciary for the purposes of the enrollment process and claims administration. The fiduciaries have a duty to operate the Plan prudently and in the interests of you and other Plan participants and beneficiaries. No one can prevent you from obtaining the insurance benefits to which you are properly entitled under the Plan or from exercising your rights under ERISA.

NOTES

RIDER TO BE ATTACHED TO YOUR BOOKLET

NOTICE OF CHANGE

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder (and its Associated Companies): Members of the NEA who, according to the Administrative records, have elected to participate in the Option to Accelerate Payment of Death Benefits for Dependent Spouse of Domestic Partner.

Effective Date of Change: The first day on or after September 1, 2005 on which you are insured (see the Booklet-certificate's When You Become Insured section). The Delay of Effective Date section applies to this change.

Group Contract No. G-20400-2

Your Booklet coded 20400-2 NEA Group Term Life Plan MEM-DEP-L; Ed 10-2004 is changed as follows:

1. The **DEPENDENTS TERM LIFE COVERAGE** section of the **Schedule of Benefits** is enlarged to include the following:

Effect of Option to Accelerate Payment of Death Benefits: Your Qualified Dependent Spouse or Domestic Partner's amount of insurance (as determined in the absence of this provision) will be reduced by the amount of any Terminal Illness Proceeds paid under the Option to Accelerate Payment of Death Benefits.

2. Page 83500 DPL T 5013 (S-1)(20400-8) included with this Notice is made a part of your Booklet.

All other provisions in your Booklet remain unchanged.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

- (3) Your Dependents Term Life Insurance must not be assigned.
- (4) Terminal Illness Proceeds will be made available to you on a voluntary basis only. Therefore:
 - (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.
 - (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.

Effect on Insurance: This benefit is in lieu of the benefits that would have been paid on your dependent's death with respect to the Terminal Illness Proceeds. When you elect this option, the total amount of Dependents Term Life Insurance otherwise payable on your dependent's death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount your dependent could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds.



Stutes & Lavergne

ATTORNEYS AT LAW

A LIMITED LIABILITY COMPANY

Mailing Address: P.O. Box 1644, Lake Charles, LA 70602

RUSSELL J. STUTES, JR. ^{1,2}

P. JODY LAVERGNE ³

JEANETTE DEWITT-KYLE ³

SHELLEY BOUILLION ²

DEIL J. LALANDE ³

MARIA MILLER ^{2,4}

RUSSELL J. STUTES, III ²

OF COUNSEL

ROBERT C. MCCORQUODALE

June 3, 2020

VIA CERTIFIED MAIL

Appeal Coordinator

The Prudential Insurance Company of America

Group Life Claim Division

PO Box 8517

Philadelphia, PA 19176

APPEAL LETTER

Re: Insured: Robby D. Savoie
Control Number: G-20400
Claim Number: 11929839

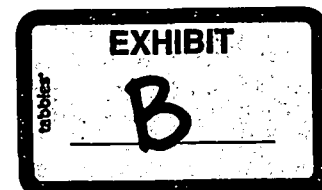
FILED NOV 18 2020

Deputy Clerk of Court
Calcasieu Parish, Louisiana

To the Prudential Appeal Committee:

Please be advised that Allison Savoie retained me to represent her interest in the above-captioned benefits claim (the "Claim") issued to NEA Members Insurance. She formally submits this appeal letter as a response to her denial issued on February 6, 2020, and to provide additional information not considered by Prudential in its denial of benefits. *See Exhibit A* (the "Denial").

As a brief summary, Robby D. Savoie (the "Decedent") died on November 23, 2019. A claim was submitted sometime thereafter, leading to the attached Denial. In that Denial, the company considered four documents, including (1) the original claims form; (2) death certificate of Robby D. Savoie; (3) Group Policy G-20400 (the "Policy"); and (4) divorce decree dated as of August 23, 2018. Quite simply, the Claim was denied because Mrs. Savoie was divorced from the Decedent at the time of death. While Mrs. Savoie understands the reason for Denial based on the limited information available to Prudential, it does not provide the full story of her relationship with the Decedent.



Lake Charles: (337) 433-0022 Fax: (337) 433-0601
Jennings: (337) 246-9988 Fax: (337) 246-9991

StutesLaw.com
InjuryLawSWLA.com

600 Broad Street, Lake Charles, LA 70601
207 North Church Street, Jennings LA 70546

1. LL.M. in Taxation; Board Certified in Tax and Estate Planning and Administration by the Louisiana Board of Legal Specialization

2. Specializing in Tax, Real Estate, Estate Planning, Successions, and Commercial Transactions

3. Specializing in Personal Injury

4. LL.M. in Taxation & Licensed in Louisiana and Texas

Ms. Savoie does not deny that she and her husband were divorced on August 23, 2018. For some time after that, they remained separated. However, in early 2019 they began repairing their relationship. As 2019 progressed, their relationship grew increasingly romantic. On May 19, 2019, the Decedent was diagnosed with severe liver cancer that would ultimately take his life.

After his diagnosis, Mrs. Savoie became the Decedent's primary caretaker. They continued to progress romantically and desired to be remarried if the Decedent were able to survive his illness. In fact, Mrs. Savoie is described as the Decedent's wife in his obituary. *See Exhibit B.*

There is no doubt that the Decedent and Mrs. Savoie depended on each other after the diagnosis and, in many ways, prior to the diagnosis. Among many other commitments, the Savoies (1) maintained joint vehicle registrations; (2) listed each other on health insurance benefits; (3) listed each other as beneficiaries of retirement accounts; (4) shared streaming accounts; (5) and paid bills together. *See Exhibits C-G.*

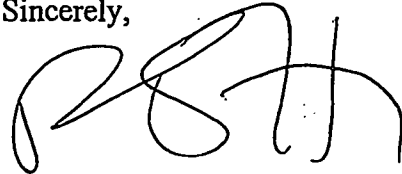
Mrs. Savoie's relationship with the Decedent satisfies the Policy's definition of "Qualified Domestic Partner(s)." The policy requires only that the couple (1) be unmarried in an economically committed and affectionate relationship and sole domestic partners; (2) cohabit for at least 6 months prior to enrollment; (3) is anticipate that they will continue to cohabit in such an economically committed and affectionate relationship; and (4) not otherwise be a Qualified Dependent under the Program.

These requirements are clearly met in this scenario. Based on the foregoing and attached information not previously available to Prudential, Mrs. Savoie asks the Appeal Committee to reverse Prudential's prior decision and grant Mrs. Savoie's claim for benefits. In the event additional information is requested, please submit such requests to my office and I will facilitate disclosure to the Appeal Committee.



With kind regards, I am

Sincerely,

A handwritten signature in black ink, appearing to read 'RJS III', with a stylized, cursive flourish.

Russell J. Stutes, III



Stutes & Lavergne
ATTORNEYS AT LAW
A LIMITED LIABILITY COMPANY

7019 2280 0000 5617 8529

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total \$ _____	
\$ _____ \$ _____ City	Appeal Coordinator The Prudential Insurance Company of America Group Life Claim Division PO Box 8517 Philadelphia, PA 19176
PS Form 3800, April 2015 PSN 7530-02-000-9047-76-2 See Reverse for Instructions	



State of Louisiana, Office of Motor Vehicles
VEHICLE REGISTRATION RENEWAL NOTICE



**SKIP THE LINE!
 RENEW ONLINE
 OR BY MAIL.**

See reverse side for information

ROBBIE SAVOIE AND
 ALLISON SAVOIE
 7829 MCCINDY ROAD
 LAKE CHARLES, LA 70607



11756/146-129/29/7409



**SEE REVERSE SIDE FOR IMPORTANT
 INFORMATION ON RENEWAL OPTIONS**

ANY QUESTIONS? CALL (225) 925-6146

DPSMV 1720 (R 11/2011)

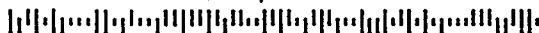
----- IF PAYING BY MAIL, RETURN THIS PORTION WITH PAYMENT----- ✂



VEHICLE RENEWAL APPLICATION FOR:

ROBBIE SAVOIE AND
 ALLISON SAVOIE
 7829 MCCINDY ROAD
 LAKE CHARLES, LA 70607

REMIT TO: State of Louisiana
 PO BOX 60081
 New Orleans, LA 70160-0081



LICENSE 371CIF	EXP. DATE 04/30/2020	VIN 1GKES16S436221766	MAKE GMC	YEAR 2003	DOMICILE 1008
WEIGHT	SPOV \$34,950.55	RENEWAL ID NUMBER 125224414014	OWNER(S) DRIVER'S LIC	FEDERAL TAX ID	FEE DUE \$70.00

1GKES16S436221766 371CIF** 042022 007000 000000 000000 0

pd 3/1/2020 71.90

Skip the line—take advantage of renewing by Internet or mail.

	INTERNET	MAIL
ELIGIBILITY	Anyone whose renewal form contains a renewal ID number or possesses a registration certificate	Anyone who receives a renewal form
BASIC RENEWAL INSTRUCTIONS	Visit our website: www.expresslane.org	Return your payment and renewal form below in the envelope provided.
PAYMENT OPTIONS	Approved Credit or Debit Card	Check or money order made payable to the Office of Motor Vehicles.* See #1 and #6 below for further instructions.
COST	Renewal fee + State Charge	Renewal fee
CHANGE OF ADDRESS	Allowed	Allowed

- *1. Write license plate number on your remittance. A personal check must contain the check writer's driver's license number. A company check must contain the federal employer identification number (EIN) or the driver's license number of the owner or manager of the company. IF THE DRIVER'S LICENSE NUMBER OF THE CHECK WRITER OR THE EIN OF THE COMPANY IS NOT SHOWN, THE RENEWAL APPLICATION WILL BE REJECTED AND REMITTANCE WILL BE RETURNED.

IMPORTANT: A dishonored (NSF) check may result in the suspension of driving and/or vehicle registering privileges (R.S. 32:414(N)). A dishonored (NSF) check allows the department to disclose the check writer's personal information (name, address, and driver's license number) as deemed necessary to collect the funds due.

- After your license plate expires, late fees will be due. Payment must be received before expiration date.
- If you do not receive your renewal validation sticker within thirty (30) days from the date you applied for your renewal, call 225-925-6146 or visit your nearest Motor Vehicle Office for assistance.
- If you no longer own this vehicle, you may submit proof of disposal, such as a copy of the bill of sale or invoice showing the vehicle was traded to a dealer; OR, report the information via the internet at www.expresslane.org.
- Louisiana law requires that every registered vehicle must be covered by liability insurance with required limits or other security (R.S. 32:861 et al).
- When you send us a check as payment, you authorize us to clear your check electronically. Electronic payments may clear the same day we receive payment.

Give the gift of life. Become an organ and tissue donor.
To receive a Donor Registry Form, please visit WWW.DONATELIFELA.ORG

SAVE TIME - RENEW ONLINE
www.expresslane.org

Any change of address or vehicle information in the boxes should be noted on the lines below.



MV172B/MV1720





Louisiana Department of Public Safety and
Corrections
Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, Louisiana 70896

Your Vehicle Registration renewal is complete.

This receipt is proof that your Vehicle Registration is current as the update may not occur for 24 hours.

Your Vehicle Registration will be mailed soon. If you do not receive your Registration within 30 days, contact your local Office of Motor Vehicles or contact Headquarters at 225-925-7198 or 225-925-6146.

Name: ROBBIE SAVOIE AND
Plate Number: 371CIF
Confirmation Number: 35356580
Payment Date/Time: 03/01/2020 at 6:57PM
Payment Total: \$71.90
Payment Method: VISA *4297
New Expiration Date: 4/30/2022
Cardholder Name: ALLISON SAVOIE
Billing Address: 7829 MCCINDY
LAKE CHARLES, LA 70607
Email: allisav12@gmail.com

Item	Cost
Vehicle Registration Renewal	\$70.00
Service Charge	\$1.90

Total Paid	\$71.90
------------	---------

- Did you know you can...
 - Renew your Louisiana Driver's License
 - Renew your Louisiana Identification Card
 - Purchase your Official Driving Record
 - Renew your Louisiana Vehicle Registration
 - Obtain a duplicate Louisiana Vehicle Registration
 - Determine if a mobile home is no longer registered as a motor vehicle

ALL ONLINE!

<https://www.expresslane.org>

Reply Delete Junk Block

dental


HS

Howard, Stacy

Fri 2/21/2020 11:59 AM

Savoie, Allison

Like Share Reply Forward ...

Humana	
Dental Preferred	
Subscriber: ALLISON M SAVOIE	Coverage Type: FAM
Group Name: CALCASIEU PARISH SCHOOL BOARD	Group ID: 861397
Member ID: 111256018 01	Member Name: ALLISON M SAVOIE
111256018 03	CARSON SAVOIE
111256018 04	ROBBY SAVOIE
Benefit Details	
Hospital/Dental: 100% Family Deductible: \$150 Premium: \$100 Basic Services: 80% Major Services: 50%	
	
Humana.com Member Service: 1-800-233-4013 Dental Provider Service: 1-800-833-2223 Humana Dental Claims Office P.O. Box 14811 Lexington, KY 40512-4811 Humana Health Benefit Plans of Louisiana, Inc. Card issued: 04/27/2018	

Thanks,

Stacy Howard

Insurance Clerk

Risk Management

Calcasieu Parish School Board

337-277-4440 Ext. 3012

State of Louisiana, Office of Motor Vehicles
VEHICLE REGISTRATION RENEWAL NOTICESKIP THE LINE!
RENEW ONLINE
OR BY MAIL.

See reverse side for information

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LAKE CHARLES, LA 70607

11756/146-129/29/7489

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DPS/MV 1720 (R 11/2011)

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7829 MCCINDY ROAD
LAKE CHARLES, LA 70607REMIT TO: State of Louisiana
PO BOX 60081
New Orleans, LA 70160-0081

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1GKES16S436221766 371CIF** 042022 007000 000000 000000 0

INTERNET		MAIL
ELIGIBILITY	Anyone whose renewal form contains a renewal ID number or possesses a registration certificate	Anyone who receives a renewal form
BASIC RENEWAL INSTRUCTIONS	Visit our website: www.expresslane.org	Return your payment and renewal form below in the envelope provided.
PAYMENT OPTIONS	Approved Credit or Debit Card	Check or money order made payable to the Office of Motor Vehicles.* See #1 and #6 below for further instructions.
COST	Renewal fee + State Charge	Renewal fee
CHANGE OF ADDRESS	Allowed	Allowed

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Give the gift of life. Become an organ and tissue donor.
To receive a Donor Registry Form, please visit WWW.DONATELIFE.ORG

SAVE TIME - RENEW ONLINE
www.expresslane.org

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MV172B/MV1720





Louisiana Department of Public Safety and
Corrections
Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, Louisiana 70896

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Billing Address: 7829 MCCINDY
LAKE CHARLES, LA 70607
Email: allisav12@gmail.com

Item	Cost
Vehicle Registration Renewal	\$70.00
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Total Paid	\$71.90
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- Determine if a mobile home is no longer registered as a motor vehicle

ALL ONLINE!

<https://www.expresslane.org>

Reply Delete Junk Block ...

dental


HS

Howard, Stacy

Fri 2/21/2020 11:59 AM

Savoie, Allison

👍 ☀️ ↶ ↷ → ...

Humana	
Dental Preferred	
Subscriber: ALLISON M SAVOIE	Coverage Type: FAM
Group Name: CALCASIEU PARISH SCHOOL BOARD	Group ID: 861307
Member ID:	Member Name:
111256018 01	ALLISON M SAVOIE
111256018 03	CARSON SAVOIE
111256018 04	ROBBY SAVOIE
<p>Service Details</p> <p>Individual Deductible: \$50 Family Deductible: \$100 Preventive Services: 100% Basic Services: 80% Major Services: 50%</p>	
	
<p>Humana.com</p> <p>Member Service: 1-800-233-4013 Dental Provider Service: 1-800-433-2223</p> <p>HumanaDental Claims Office P.O. Box 14817 Lexington, KY 40512-4811</p> <p>Humana Health Benefit Plan of Louisiana, Inc.</p> <p>Card Issued: 04/27/2018</p>	

Thanks,

Stacy Howard

Insurance Clerk

Risk Management

Calcasieu Parish School Board

337-217-4446 Ext. 3012

**CALCASIEU PARISH SCHOOL SYSTEM
HEALTH /LIFE GROUP INSURANCE ENROLLMENT**

Date of Hire: 8-16-00 Position: TEACHER
Type of Coverage: Emp & Children Date of Retirement: _____

☒ Change
☐ New Enrollee
☐ Late Enrollee

Employee's Last Name, First, Middle Initial <u>SAVOIE Allison M.</u>			Social Security Number <u>437-08-3149</u>		D.O.B. (Month, Day, Year) <u>8-26-69</u>
Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	Married <input checked="" type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Effective Date <u>11-21-01</u> <u>12-1-01</u>					
Life Amount <u>25,000</u>		Beneficiary's Name (Print) <u>ROBBY D. SAVOIE</u>		Relationship to Employee <u>Husband</u>	

DO YOU WANT YOUR ELIGIBLE DEPENDENTS COVERED?

- If NO, please initial: I HEREBY DECLINE PARTICIPATION IN DEPENDENT COVERAGE _____
- If YES, please complete the following:
 - SPOUSE TO BE INSURED:**

Name _____ Spouse's employer _____
Date of Birth _____ Coverage effective date _____
Social Security Number _____ Medicare effective date _____

B. CHILDREN TO BE INSURED:

NAME	SEX	D.O.B.	SOCIAL SECURITY NUMBER	ENROLL DATE
<u>Alec D. SAVOIE</u>	<u>M</u>	<u>12-5-92</u>	<u>SCANNED</u>	<u>10-1-00</u>
<u>CARSON M. SAVOIE</u>	<u>M</u>	<u>11-21-01</u>	<u>JUN 21 2010</u>	<u>11-21-01</u>
			<u>C. P. S. B.</u>	
			<u>SH</u>	

Regarding children, please initial: MS I understand dependents may be eligible for coverage until their 21st birthday and such coverage can be continued to their 24th birthday as long as they are **FULL TIME, ENROLLED AND ATTENDING** secondary accredited school.

ENROLLMENT CHOICES

I. I am electing enrollment in the following group health plan option (initial one):

LOW MID HIGH

II. Optional Life and AD&D (initial one):

MS I elect Optional Life and AD&D and until revoked by me in writing, authorize the deduction by my employer from my earnings the amount sufficient to cover my contribution for this coverage.

MS I decline Optional Life and AD&D for which I am eligible and understand that I may be required to furnish proof of good health if I enroll at a later date.

PLEASE INITIAL AND SIGN WHERE INDICATED BELOW

MS I hereby authorize my employer to deduct from my earnings premium sufficient to cover my contribution for insurance coverage requested above and acknowledge participation in Section 125.

MS To avoid certain pre-existing condition exclusions, I understand it is my responsibility to provide to the CPSB a certificate of group health insurance coverage from my prior carrier for myself and dependents.

MS Although dependents can be added at any time, they cannot be deleted at anytime. I understand all choices made, including choice of plan, will remain in effect until next year's annual enrollment. (April of each year with a May 1 effective date.)

By signature below, I acknowledge the following: The policy for which I am enrolling contains various limits, conditions and exclusions, including pre-existing condition coverage limitations. Failure to enroll eligible dependents at this time may result in more severe pre-existing coverage limitations should they be enrolled at a later date. I acknowledge receipt of a policy booklet detailing the above information and acknowledge I have received COBRA information, which details my rights, and obligations regarding possible continuation of coverage should my employment terminate.

I understand CPSB Risk Management employees are prohibited from encouraging me to choose any plan or

SAVOIE ALLISON M
7829 MCCINDY RD
LAKE CHARLES LA 70607-0735

Member Account Statement for SAVOIE ALLISON M

July 1, 2018 — June 30, 2019

Member Information

DOB: 08/26/1969

GENDER: FEMALE

Designated Beneficiaries

SAVOIE ROBBY D

SAVOIE ALEC D

You can update/correct the information listed above. Here's how:

- For address corrections, visit our website at www.trsl.org. From there, you can download and submit an *Active Member Change of Address Authorization* (Form 2AC) or use the Member Access system.
- For corrections to date of birth or gender, call TRSL at 225-925-6446 (local area) or toll free (outside the Baton Rouge area) at 1-877-ASK-TRSL (1-877-275-8775).

2018 — 2019		
EMPLOYER	EARNINGS	CONTRIBUTIONS
CALCASIEU SC BD	\$ 56,446.90	\$ 4,515.75
TOTAL:	\$ 56,446.90	\$ 4,515.75

Your TRSL Account Information (See "Statement Definitions" on back.)			
Service credit earned cannot exceed 1.00 year in a fiscal year.			
SERVICE CREDIT		MEMBER CONTRIBUTIONS	
Prior year service credit for benefit computation	17.73	Beginning balance as of July 1, 2018	\$ 58,741.10
2018 — 2019 service credit for benefit computation earned during this FY	1.00	Member contributions 2018 — 2019	\$ 4,515.75
Purchases/Transfers/Refunds	0.00	Purchases/Transfers/Refunds	\$ 0.00
Prior year service credit for benefit computation corrections	0.00	Prior year contributions corrections	\$ 0.00
Total service credit for benefit computation*	18.73	Ending balance as of June 30, 2019	\$ 63,256.85

Total service credit for eligibility to retire as of June 30, 2019 *	18.97
--	-------

*If these figures are different, your employer has certified that you have some part-time employment. Any discrepancies in salaries, service credit, or contributions should be addressed with your employer. All amounts are subject to audit and change.

Information About Your Service Credit and Contributions

It's never too early to plan for your retirement!

TRSL provides valuable benefits, including:

- RETIREMENT benefits when you reach the required retirement eligibility (age and years of service credit)
- DISABILITY benefits should you become totally and permanently disabled while in active service*
- SURVIVOR benefits for certain family members should you die while in active service*

*Must have the required years of service

Visit TRSL's website at www.trsl.org for more information on these important benefits, including our publications *TRSL Member Handbook*, *DROP Handbook*, *Disability Retirement*, and *Death & Survivor Benefits*.

Retirement Eligibility Requirements for Regular Plan	
SERVICE ELIGIBILITY	5 years at age 60 * 20 years at any age (reduced benefit) * 25 years at age 55 * 30 years at any age
DROP ELIGIBILITY	The first time you reach one of the following: 10 years at age 60 * 25 years at age 55 * 30 years at any age

Projected Retirement Eligibility and Benefit Estimate for SAVOIE ALLISON M						
The following table shows a projection of your retirement eligibility dates and your maximum TRSL retirement benefit based on various retirement scenarios. The projections are based on current information as reported by your employer(s) and assume continuous TRSL-covered, full-time employment. The final average compensation (FAC) is an average of your current highest three (3) consecutive years of earnings as submitted by your employer. Future salary increases are not included in the FAC used in these projections.						
This estimate is provided to help you make informed decisions about your retirement benefit and is not a guarantee of when you will be eligible or the amount you will receive at the time you retire. The actual pension you receive at retirement and when you will be eligible to retire are determined by state law. When you retire, your pension will be calculated according to the applicable retirement calculation formulas.						
Scenario	Fiscal Year of Eligibility	Service Credit for Eligibility	Service Credit for Benefit Computation	Age	FAC (Monthly)	Maximum Monthly Benefit Amount
Early Retirement	2019 - 2020	20.00	19.76	50	4,642.99	1,528.00
Regular Retirement/Drop Eligibility	2024 - 2025	25.00	24.76	55	4,642.99	2,874.00
Your early retirement benefit estimate is based on a 2% benefit factor or a 2.5% actuarially reduced factor. The age shown for all projected future benefits is your age at July 1 of the fiscal year you become eligible. Contact TRSL for more information on your retirement options.						

DROP = Deferred Retirement Option Plan

If you choose to name a beneficiary, your monthly benefit amount may be lower. Use TRSL's online calculator at www.trsl.org to calculate projections of your Service or DROP benefits.

Statement Definitions			
Designated Beneficiaries	The person(s) you have named who will receive your member contributions if survivor benefits are not payable. If you have named more than three persons, you will see "More than three beneficiaries" in this section. To change your beneficiary(ies), complete a <i>Beneficiary Designation</i> (Form 3), which can be obtained from your employer or our website at www.trsl.org .		
Fiscal Year	The period (July 1 – June 30) in which your earnings and contributions were reported.		
Employer	Name of the employing agency(ies) that provides earnings information.		
Earnings	Total actual annual salary(ies) as reported by your employer(s).		
Contributions	Member contributions withheld based upon earnings reported by your employer(s).		
SERVICE CREDIT*		MEMBER CONTRIBUTIONS*	
Prior year service credit for benefit computation	Computation credit from the previous year's statement.	Beginning balance as of July 1, 2018	Your ending account balance from the previous fiscal year's member statement.
2018 —2019 service credit for benefit computation earned during this fiscal year	Credit earned as reported by your employer.	Member contributions 2018 —2019	Member contributions reported by employer(s) during the fiscal year.
Purchases/Transfers/ Refunds	Current service credit purchases, transfers to/from TRSL, or refunds of contributions for this statement's fiscal year.	Purchases/Transfers/ Refunds	Current member contributions for purchases, transfers to/from TRSL, or refunds of contributions for this statement's fiscal year.
Prior year service credit for benefit computation corrections	Corrections made (+/-) by your employer(s) correcting prior fiscal years' credit.	Prior year contributions corrections	Corrections made (+/-) by your employer(s) correcting prior fiscal years' contributions.
Total service credit for benefit computation	Your credit balance at the end of the fiscal year as reported by your employer(s) that will determine how	Ending balance as of June 30, 2019	Your balance from the previous year's statement + contributions + purchases/

NETFLIX



Account

MEMBERSHIP & BILLING

[Cancel Membership](#)[robsav@suddenlink.net](#)[Change account email](#)

Password: *****

[Change password](#)[Add phone number](#)

Your next billing date is March 10, 2020.

[Update payment info](#)

VISA **** * 1048

[Billing details](#)[Change billing day](#)[Redeem gift card or promo code](#)[Where to buy gift cards](#)

PLAN DETAILS

Standard **HD**[Change plan](#)

No DVD plan

[Add DVD plan](#)

SETTINGS

[Parental controls](#)[Test participation](#)

YOUR MEMBERSHIP

Your plan

Standard for \$12.99/month2 screens + **HD**

Your next bill

March 10, 2020

Membership fees are billed at the beginning of each period and may take a few days after the billing date to appear on your account. Sales tax may apply.

Date	Description	Service period	Payment method	Total
2/10/20	Streaming Service	2/10/20—3/9/20	VISA 1048	\$12.99
1/10/20	Streaming Service	1/10/20—2/9/20	VISA 1048	\$12.99
12/10/19	Streaming Service	12/10/19—1/9/20	VISA 1048	\$12.99
11/10/19	Streaming Service	11/10/19—12/9/19	VISA 1048	\$12.99
10/10/19	Streaming Service	10/10/19—11/9/19	VISA 1048	\$12.99
9/10/19	Streaming Service	9/10/19—10/9/19	VISA 1048	\$12.99
8/10/19	Streaming Service	8/10/19—9/9/19	VISA 1048	\$12.99
7/10/19	Streaming Service	7/10/19—8/9/19	VISA 1048	\$12.99
6/10/19	Streaming Service	6/10/19—7/9/19	VISA 1048	\$12.99
5/10/19	Streaming Service	5/10/19—6/9/19	VISA 1048	\$12.99
4/10/19	Streaming Service	4/10/19—5/9/19	VISA 1048	\$10.99
3/10/19	Streaming Service	3/10/19—4/9/19	VISA 1048	\$10.99
2/10/19	Streaming Service	2/10/19—3/9/19	VISA 1048	\$10.99

NOTE: We only show up to 1 year of billing history

Entergy.com

Home > Billing and Payment History

[Sign out] Printable Page

My Entergy Account

Account Summary

Add Accounts

Account Detail

View My Bill

Pay My Bill

Billing and Payment History

Analyze My Bill Try

Power to Care Donation

Billing Options

Bill Delivery Options

Automatic Monthly Payments

Payment Arrangements

Start/Stop/Move Service

Update Account Information

View Outage Map

Cell Phone Texting

Alert Preferences

Billing and Payment History

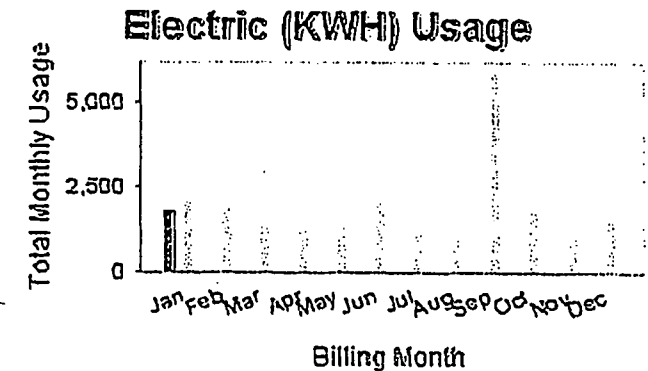
Below is a list of your Entergy bills and payments.

Name ROBBY D SAVOIE

Account Number 110132057

Service Address 7831 MCCINDY RD,
LAKE CHARLES LA 70607-0735

Electric Usage Enlarge/Print



2020 2019

Billing History	Payment History	Usage History
Date	Description	Amount
12/12/2019	Monthly Current Charge	127.35
12/11/2019	Payment	-104.19
11/12/2019	Monthly Current Charge	104.19
11/06/2019	Payment	-170.03
10/11/2019	Monthly Current Charge	170.03
10/08/2019	Payment	-501.29
09/12/2019	Monthly Current Charge	501.29
08/20/2019	Payment	-221.64
08/19/2019	Monthly Current Charge	99.18
08/19/2019	Monthly Current Charge	122.46
07/08/2019	Payment	-182.50
06/11/2019	Monthly Current Charge	182.50

IBERIABANK

Dashboard

Accounts

Move money

IFS Investments



AS

All activity



Entergy



Search and sorting options

2 scheduled activities



JAN 6	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$199.64
DEC 12 2019	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$104.19
DEC 10 2019	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$158.49
NOV 12 2019	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$205.59
NOV 7	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$170.03

?



The Prudential Insurance Company of America
Beneficiary Services
P.O. Box 70182
Philadelphia, PA 19176

Email: grouplifeclaims@prudential.com
Secure Fax: (844) 625-7807
Phone: (800) 524-0542
Phone Hours: 8:00 a.m. to 8:00 p.m. ET

00000057 PINH01DD062520220212 01 003000



Russell J. Stutes III
Stutes & Lavergne
Attorneys at Law
P.O. Box 1644
Lake Charles, LA 70602

Insured: Robby D Savoie
Contract Holder: NEA Members Ins.
Policy Number: 20400
Claim ID: C-2020-038786

June 25, 2020

Dear Russell J. Stutes III,

We have received your correspondence dated June 11, 2020 appealing our denial of the claim for Death Benefit for Robby D Savoie under the NEA Members Ins. Group Policy. We will complete our review using the information currently in file.

We will review the claim and anticipate having a decision no later than 45 days from the date of receipt of your written request for reconsideration of the initial claim denial. The review will take into account all new information, whether or not presented or available at the initial determination. If we determine that special circumstances require an extension of time for a decision on appeal, the review period may be extended by an additional 45 days (90 days in total). We will notify you in writing if an additional 45-day extension is needed.

Prudential reserves the right to assert any and all claims and defenses that it may have, whether or not expressly stated herein or in any other correspondence.

If you have any questions, we're here to help.

The loss of a loved one is indeed a time of great sadness. It also may be a time of uncertainty and confusion on what to do next. We understand this, and that's why we developed a Beneficiary Support Center to help you through these difficult times. The Beneficiary Support Center is an online resource hub that includes: information on funeral planning, a list of key tasks you may need to address in the wake of the loss of a loved one, and financial, legal, and emotional support resources. These resources can be accessed at <https://www.prudential.com/personal/workplace-benefits/death-claims>. They are available at no cost to, or commitment from, you or your loved ones.

If you have questions please call our customer service office at (800) 524-0542 and provide reference number C-2020-038786. We are available Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern time. If you are using a telecommunications device for the hearing impaired, please call (800) 778-8633, Monday through Friday between 8:00 a.m. and 6:00 p.m. Eastern time. One of our customer service representatives will be glad to help you.

Sincerely,
Elsy Gilles
Claims Coordinator

FILED

NOV 18 2020

Jarah Holtier

Deputy Clerk of Court
Calcasieu Parish, Louisiana



**Prudential**

The Prudential Insurance Company of America
Beneficiary Services
P.O. Box 70182
Philadelphia, PA 19176

Email: grouplifeclaims@prudential.com
Secure Fax: (844) 625-7807
Phone: (800) 524-0542
Phone Hours: 8:00 a.m. to 8:00 p.m. ET

00001197 PINH01DD070220220922 01 000400



Russell J. Stutes III
Stutes & Lavergne
Attorneys at Law
P.O. Box 1644
Lake Charles, LA 70602

Insured: Robby D Savoie
Contract Holder: NEA Members Ins.
Policy Number: 20400
Claim ID: C-2020-038786

July 2, 2020

Dear Russell J. Stutes III,

We have received your correspondence dated June 11 2020 appealing our denial of the claim for Death Benefit for Robby D Savoie under the NEA Members Ins. Group Policy. At this time, we are in need of the following:

- Proof Mr. Allison M. Savoie "cohabited" with Robby D. Savoie at least 6 months prior to Date of Death.

We will review the claim and anticipate having a decision no later than 45 days from the date of receipt of your written request for reconsideration of the initial claim denial. The review will take into account all new information, whether or not presented or available at the initial determination. If we determine that special circumstances require an extension of time for a decision on appeal, the review period may be extended by an additional 45 days (90 days in total). We will notify you in writing if an additional 45-day extension is needed.

Prudential reserves the right to assert any and all claims and defenses that it may have, whether or not expressly stated herein or in any other correspondence.

If you have any questions, we're here to help.

The loss of a loved one is indeed a time of great sadness. It also may be a time of uncertainty and confusion on what to do next. We understand this, and that's why we developed a Beneficiary Support Center to help you through these difficult times. The Beneficiary Support Center is an online resource hub that includes: information on funeral planning, a list of key tasks you may need to address in the wake of the loss of a loved one, and financial, legal, and emotional support resources. These resources can be accessed at <https://www.prudential.com/personal/workplace-benefits/death-claims>. They are available at no cost to, or commitment from, you or your loved ones.

If you have questions please call our customer service office at (800) 524-0542 and provide reference number C-2020-038786. We are available Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern time. If you are using a telecommunications device for the hearing impaired, please call (800) 778-8633, Monday through Friday between 8:00 a.m. and 6:00 p.m. Eastern time. One of our customer service representatives will be glad to help you.

Sincerely,
Elsy Gilles
Claims Coordinator

FILED

NOV 18 2020

Deputy Clerk of Court
Calcasieu Parish, Louisiana





Prudential

The Prudential Insurance Company of America
Beneficiary Services
P.O. Box 70182
Philadelphia, PA 19176

Email: grouplifeclaims@prudential.com
Secure Fax: (844) 625-7807
Phone: (800) 524-0542
Phone Hours: 8:00 a.m. to 8:00 p.m. ET

00000807 PINH01DD072920221001 01 003000



Russell J. Stutes III
Stutes & Lavergne
Attorneys at Law
P.O. Box 1644
Lake Charles, LA 70602

Insured: Robby D Savoie
Contract Holder: NEA Members Ins.
Policy Number: 20400
Claim ID: C-2020-038786
July 29, 2020

Dear Russell J. Stutes III,

Per your request, we are reconsidering our denial of the claim for Death Benefit for Robby D Savoie under the NEA Members Ins. Group Policy. We will require an extension of the time to process the appeal.

We anticipate making a determination of this appeal by 45 days from letter. If we are unable to make a determination on this claim by that date, we will advise you in writing.

If you have any questions, we're here to help.

The loss of a loved one is indeed a time of great sadness. It also may be a time of uncertainty and confusion on what to do next. We understand this, and that's why we developed a Beneficiary Support Center to help you through these difficult times. The Beneficiary Support Center is an online resource hub that includes: information on funeral planning, a list of key tasks you may need to address in the wake of the loss of a loved one, and financial, legal, and emotional support resources. These resources can be accessed at <https://www.prudential.com/personal/workplace-benefits/death-claims>. They are available at no cost to, or commitment from, you or your loved ones.

If you have questions please call our customer service office at (800) 524-0542 and provide reference number C-2020-038786. We are available Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern time. If you are using a telecommunications device for the hearing impaired, please call (800) 778-8633, Monday through Friday between 8:00 a.m. and 6:00 p.m. Eastern time. One of our customer service representatives will be glad to help you.

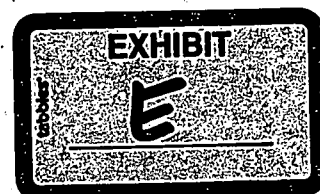
Sincerely,
Elsy Gilles
Claims Coordinator

FILED

NOV 18 2020

Jarah H. Lillier

Deputy Clerk of Court
Calcasieu Parish, Louisiana





Stutes & Lavergne
ATTORNEYS AT LAW
A LIMITED LIABILITY COMPANY

Mailing Address: P.O. Box 1644, Lake Charles, LA 70602

RUSSELL J. STUTES, JR. ^{1,2}
P. JODY LAVERGNE ³
JEANETTE DEWITT-KYLE ³
SHELLEY BOUILLION ²
DEIL J. LALANDE ³
MARIA MILLER ^{2,4}
RUSSELL J. STUTES, III ²

.....
OF COUNSEL
ROBERT C. MCCORQUODALE

August 21, 2020

Via FedEx Priority Overnight Delivery

Elsy Gilles
The Prudential Insurance Company of America
Group Life Claim Division
PO Box 8517
Philadelphia, PA 19176

Re: Insured: Robby D. Savoie
Control Number: G-20400
Claim Number: 11929839

Dear Ms. Gilles:

In response to your letter requesting additional information, please see the attached Affidavit of Allison Savoie with exhibits regarding the above referenced claim.

With kind regards, I am

Sincerely,

FILED

NOV 18 2020

Jarah Boullier

Deputy Clerk of Court
Calcasieu Parish, Louisiana

[Signature]
Russell J. Stutes, III



Lake Charles: (337) 433-0022 Fax: (337) 433-0601
Jennings: (337) 246-9988 Fax: (337) 246-9991

StutesLaw.com
InjuryLawSWLA.com

600 Broad Street, Lake Charles, LA 70601
207 North Church Street, Jennings LA 70546

1. LL.M. in Taxation; Board Certified in Tax and Estate Planning and Administration by the Louisiana Board of Legal Specialization

2. Specializing in Tax, Real Estate, Estate Planning, Successions, and Commercial Transactions

3. Specializing in Personal Injury

4. LL.M. in Taxation & Licensed in Louisiana and Texas

STATE OF LOUISIANA
PARISH OF CALCASIEU

AFFIDAVIT

BEFORE ME, the undersigned Notary Public, commissioned in and for the aforesaid Parish and State, personally came and appeared ALLISON SAVOIE, who, after being duly sworn, deposed and stated as follows:

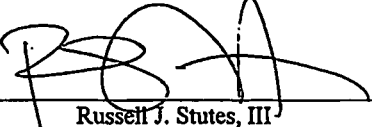
1. I am the former spouse of Robby D. Savoie ("Robby");
2. Robby and I were divorced on August 23, 2018. However, we began rekindling our relationship in early 2019 and became increasingly romantic. Our relationship immeasurably strengthened when Robby was diagnosed with severe liver cancer on May 19, 2019.
3. Around the time of Robby's diagnosis, I began spending nights at his home, located immediately adjacent to mine, to both further our relationship and care for him in his illness;
4. While it is difficult to describe what we specifically did to "cohabit," I can offer the following details of our relationship;
5. We shared our vehicles in both of our names (see "Exhibit A");
6. We listed each other as beneficiaries on various retirement and life insurance plans (see "Exhibit B");
7. We shared household expenses such as utilities (see "Exhibit C") and Netflix subscriptions (see "Exhibit D"); maintained/paid joint credit cards (see "Exhibit E"); and shared other day to day expenses that we incurred;
8. It is traditional in Louisiana for the decedent's parents or siblings to write the obituary, and Robby's family named me as his spouse when they wrote his obituary (see "Exhibit F");
9. I held Robby's hand as he died on November 23, 2019;
10. I made all arrangements for Robby's funeral;
11. Above all, we loved each other and would have continued our lives as a married couple had cirrhosis of the liver not taken his life.

The Affiant sayeth further not.

[SIGNATURE PAGE TO FOLLOW]


ALLISON SAVOIE

SWORN TO AND SUBSCRIBED before me on this 21st day of August,
2020.



Russell J. Stutes, III
NOTARY PUBLIC
LA Commission No. 156485
My commission expires at death.

State of Louisiana, Office of Motor Vehicles
VEHICLE REGISTRATION RENEWAL NOTICESKIP THE LINE!
RENEW ONLINE
OR BY MAIL

See reverse side for information

ROBBIE SAVOIE AND
ALLISON SAVOIE
7829 MCCINDY ROAD
LAKE CHARLES, LA 70607

11756/146-139/29/7489

SEE REVERSE SIDE FOR IMPORTANT
INFORMATION ON RENEWAL OPTIONS

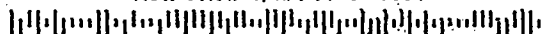
ANY QUESTIONS? CALL (225) 925-6146

DPSMV 1720 (R 11/2011)

IF PAYING BY MAIL, RETURN THIS PORTION WITH PAYMENT



VEHICLE RENEWAL APPLICATION FOR:

ROBBIE SAVOIE AND
ALLISON SAVOIE
7829 MCCINDY ROAD
LAKE CHARLES, LA 70607REMIT TO: State of Louisiana
PO BOX 60081
New Orleans, LA 70160-0081

LICENSE 371CIF	EXP DATE 04/30/2020	VIN 1GKES16S436221766	MAKE GMC	YEAR 2003	DOMICILE 1008
WEIGHT	SPOV \$34,950.55	RENEWAL ID NUMBER 125224414014	OWNER(S) DRIVER'S LIC	FEDERAL TAX ID	FEE DUE \$70.00

1GKES16S436221766 371CIF** 042022 007000 000000 000000





Louisiana Department of Public Safety and
Corrections
Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, Louisiana 70896

Your Vehicle Registration renewal is complete.

This receipt is proof that your Vehicle Registration is current as the update may not occur for 24 hours.

Your Vehicle Registration will be mailed soon. If you do not receive your Registration within 30 days, contact your local Office of Motor Vehicles or contact Headquarters at 225-925-7198 or 225-925-6146.

Name: ROBBIE SAVOIE AND
Plate Number: 371CIF
Confirmation Number: 35356580
Payment Date/Time: 03/01/2020 at 6:57PM
Payment Total: \$71.90
Payment Method: VISA *4297
New Expiration Date: 4/30/2022
Cardholder Name: ALLISON SAVOIE
Billing Address: 7829 MCCINDY
LAKE CHARLES, LA 70607
Email: allisav12@gmail.com

Item	Cost
Vehicle Registration Renewal	\$70.00
Service Charge	\$1.90

Total Paid	\$71.90
------------	---------

- **Did you know you can...**

- Renew your Louisiana Driver's License
- Renew your Louisiana Identification Card
- Purchase your Official Driving Record
- Renew your Louisiana Vehicle Registration
- Obtain a duplicate Louisiana Vehicle Registration
- Determine if a mobile home is no longer registered as a motor vehicle

ALL ONLINE!

<https://www.expresslane.org>

HEALTH /LIFE GROUP INSURANCE ENROLLMENT

Date of Hire: 8-16-00 Position: TEACHER ☒ Change
 Type of Coverage: Emp & Children ☐ New Enrollee
 Date of Retirement: _____ ☐ Late Enrollee

Employee's Last Name, First, Middle Initial <u>SAVOIE Allison M.</u>		Social Security Number <u>437-08-3149</u>	D.O.B. (Month, Day, Year) <u>8-26-69</u>
Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	Married <input checked="" type="checkbox"/>	Single <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
		Effective Date <u>11-21-01</u> <u>12-1-01</u>	
Life Amount <u>25,000</u>		Beneficiary's Name (Print) <u>Robby D. SAVOIE</u>	Relationship to Employee <u>Husband</u>

DO YOU WANT YOUR ELIGIBLE DEPENDENTS COVERED?

1. If NO, please initial: I HEREBY DECLINE PARTICIPATION IN DEPENDENT COVERAGE _____
 2. If YES, please complete the following:
 A. SPOUSE TO BE INSURED:

Name _____ Spouse's employer _____
 Date of Birth _____ Coverage effective date _____
 Social Security Number _____ Medicare effective date _____

B. CHILDREN TO BE INSURED:

NAME	SEX	D.O.B.	SOCIAL SECURITY NUMBER	ENROLL DATE
<u>Alec D. SAVOIE</u>	<u>M</u>	<u>12-5-92</u>	<u>SCANNED</u>	<u>10-1-00</u>
<u>CARSON M. SAVOIE</u>	<u>M</u>	<u>11-21-01</u>	<u>JUN 21 2010</u>	<u>11-21-01</u>
			<u>C. P. S. B.</u>	
			<u>SH</u>	

Regarding children, please initial: ANS I understand dependents may be eligible for coverage until their 21st birthday and such coverage can be continued to their 24th birthday as long as they are **FULL TIME, ENROLLED AND ATTENDING** secondary accredited school.

ENROLLMENT CHOICES

I. I am electing enrollment in the following group health plan option (initial one):

LOW MID ANS HIGH

II. Optional Life and AD&D (initial one):

ANS I elect Optional Life and AD&D and until revoked by me in writing, authorize the deduction by my employer from my earnings the amount sufficient to cover my contribution for this coverage.

I decline Optional Life and AD&D for which I am eligible and understand that I may be required to furnish proof of good health if I enroll at a later date.

PLEASE INITIAL AND SIGN WHERE INDICATED BELOW

ANS I hereby authorize my employer to deduct from my earnings premium sufficient to cover my contribution for insurance coverage requested above and acknowledge participation in Section 125.

ANS To avoid certain pre-existing condition exclusions, I understand it is my responsibility to provide to the CPSB a certificate of group health insurance coverage from my prior carrier for myself and dependents.

ANS Though dependents can be added at any time, they cannot be deleted at anytime. I understand all choices made, including choice of plan, will remain in effect until next year's annual enrollment. (April of each year with a May 1 effective date.).

By signature below, I acknowledge the following: The policy for which I am enrolling contains various limits, conditions and exclusions, including pre-existing condition coverage limitations. Failure to enroll eligible dependents at this time may result in more severe pre-existing coverage limitations should they be enrolled at a later date. I acknowledge receipt of a policy booklet detailing the above information and acknowledge I have received COBRA information, which details my rights, and obligations regarding possible continuation of coverage should my employment terminate.

I understand CPSB Risk Management employees are prohibited from encouraging me to choose any plan or

EXHIBIT

B

Employment Summary

SAVOIE ALLISON M 7829 MCCINDY RD LAKE CHARLES LA 70607-0735	Designated Beneficiaries SAVOIE ALEC D CHILD SAVOIE ROBBY D SPOUSE
--	---

DROP ELIGIBILITY: The first time you reach one of the following:
25 Years Age 55, 10 Years Age 60, 30 Years Any Age

*This area may include employment dates for time periods where service credit was refunded.
Refunded years that have not been restored are not included in your total service credit.*

Employment History

Employer ID	Employer Name	Plan Name	Start Date	End Date
0010	CALCASIEU SC BD	Regular Plan	08/16/2000	
0098	MCNEESE	Regular Plan	05/01/2007	05/31/2007

TRSL Regular Plan Information

Service credit earned cannot exceed 1.00 year in a fiscal year.

Unaudited Service Credit	Member Contributions Summary						
Prior years' service credit for benefit computation: 18.73	Beginning balance as of 06/30/2019: 63,256.85						
Purchases/Transfers/Refunds: 0.00	Estimated current FY contributions 7/1/2019 through 1/31/2020: 2,208.70						
Prior years' service credit for benefit computation corrections: 0.00	Purchases/Transfers/Refunds: 0.00						
Total unaudited service credit for benefit computation*: 18.73	Prior Year Contributions Corrections: 0.00						
	Estimated balance as of 2/21/2020: 65,465.55						
Total unaudited service credit for benefit computation as of 06/30/2019*	Total unaudited service credit for eligibility purposes as of 06/30/2019*: 18.97						
<table border="1"> <tr> <th>Service Type</th><th>Amount</th></tr> <tr> <td>Regular</td><td>18.73</td></tr> <tr> <td>Total</td><td>18.73</td></tr> </table>	Service Type	Amount	Regular	18.73	Total	18.73	Monthly Average Compensation: \$4,642.99
Service Type	Amount						
Regular	18.73						
Total	18.73						
<p><i>*If these figures are different, your employer has certified that you have some part-time employment. Any discrepancies in salaries, service credit, or contributions should be addressed with your employer. All amounts are subject to audit and change.</i></p>							

SAVOIE ALLISON M
7829 MCCINDY RD
LAKE CHARLES LA 70607-0735

Member Account Statement for SAVOIE ALLISON M

July 1, 2018 — June 30, 2019

Member Information

DOB: 08/26/1969
GENDER: FEMALE

Designated Beneficiaries

SAVOIE ROBBY D
SAVOIE ALEC D

You can update/correct the information listed above. Here's how:

- For address corrections, visit our website at www.trsl.org. From there, you can download and submit an *Active Member Change of Address Authorization (Form 2AC)* or use the Member Access system.
- For corrections to date of birth or gender, call TRSL at 225-925-6446 (local area) or toll free (outside the Baton Rouge area) at 1-877-ASK-TRSL (1-877-275-8775).

2018 — 2019		
EMPLOYER	EARNINGS	CONTRIBUTIONS
CALCASIEU SC BD	\$ 56,446.90	\$ 4,515.75
TOTAL:	\$ 56,446.90	\$ 4,515.75

Your TRSL Account Information (See "Statement Definitions" on back.)

Service credit earned cannot exceed 1.00 year in a fiscal year.

SERVICE CREDIT		MEMBER CONTRIBUTIONS	
Prior year service credit for benefit computation	17.73	Beginning balance as of July 1, 2018	\$ 58,741.10
2018 — 2019 service credit for benefit computation earned during this FY	1.00	Member contributions 2018 — 2019	\$ 4,515.75
Purchases/Transfers/Refunds	0.00	Purchases/Transfers/Refunds	\$ 0.00
Prior year service credit for benefit computation corrections	0.00	Prior year contributions corrections	\$ 0.00
Total service credit for benefit computation*	18.73	Ending balance as of June 30, 2019	\$ 63,256.85

Total service credit for eligibility to retire as of June 30, 2019 *	18.97
--	-------

*If these figures are different, your employer has certified that you have some part-time employment. Any discrepancies in salaries, service credit, or contributions should be addressed with your employer. All amounts are subject to audit and change.

Information About Your Service Credit and Contributions

It's never too early to plan for your retirement!

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TRSL provides valuable benefits, including:

- **RETIREMENT** benefits when you reach the required retirement eligibility (age and years of service credit)
- **DISABILITY** benefits should you become totally and permanently disabled while in active service*
- **SURVIVOR** benefits for certain family members should you die while in active service*

*Must have the required years of service

Visit TRSL's website at www.trsl.org for more information on these important benefits, including our publications *TRSL Member Handbook*, *DROP Handbook*, *Disability Retirement*, and *Death & Survivor Benefits*.

Retirement Eligibility Requirements for Regular Plan

SERVICE ELIGIBILITY	5 years at age 60 * 20 years at any age (reduced benefit) * 25 years at age 55 * 30 years at any age
DROP ELIGIBILITY	The first time you reach one of the following: 10 years at age 60 * 25 years at age 55 * 30 years at any age

Projected Retirement Eligibility and Benefit Estimate for SAVOIE ALLISON M

The following table shows a projection of your retirement eligibility dates and your maximum TRSL retirement benefit based on various retirement scenarios. The projections are based on current information as reported by your employer(s) and assume continuous TRSL-covered, full-time employment. The final average compensation (FAC) is an average of your current highest three (3) consecutive years of earnings as submitted by your employer. Future salary increases are not included in the FAC used in these projections.

This estimate is provided to help you make informed decisions about your retirement benefit and is not a guarantee of when you will be eligible or the amount you will receive at the time you retire. The actual pension you receive at retirement and when you will be eligible to retire are determined by state law. When you retire, your pension will be calculated according to the applicable retirement calculation formulas.

Scenario	Fiscal Year of Eligibility	Service Credit for Eligibility	Service Credit for Benefit Computation	Age	FAC (Monthly)	Maximum Monthly Benefit Amount
Early Retirement	2019 - 2020	20.00	19.76	50	4,642.99	1,528.00
Regular Retirement/Drop Eligibility	2024 - 2025	25.00	24.76	55	4,642.99	2,874.00

Your early retirement benefit estimate is based on a 2% benefit factor or a 2.5% actuarially reduced factor. The age shown for all projected future benefits is your age at July 1 of the fiscal year you become eligible. Contact TRSL for more information on your retirement options.

DROP = Deferred Retirement Option Plan

If you choose to name a beneficiary, your monthly benefit amount may be lower. Use TRSL's online calculator at www.trsl.org to calculate projections of your Service or DROP benefits.

Statement Definitions

Designated Beneficiaries	The person(s) you have named who will receive your member contributions if survivor benefits are not payable. If you have named more than three persons, you will see "More than three beneficiaries" in this section. To change your beneficiary(ies), complete a <i>Beneficiary Designation</i> (Form 3), which can be obtained from your employer or our website at www.trsl.org .		
Fiscal Year	The period (July 1 – June 30) in which your earnings and contributions were reported.		
Employer	Name of the employing agency(ies) that provides earnings information.		
Earnings	Total actual annual salary(ies) as reported by your employer(s).		
Contributions	Member contributions withheld based upon earnings reported by your employer(s).		
SERVICE CREDIT*		MEMBER CONTRIBUTIONS*	
Prior year service credit for benefit computation	Computation credit from the previous year's statement.	Beginning balance as of July 1, 2018	Your ending account balance from the previous fiscal year's member statement.
2018 — 2019 service credit for benefit computation earned during this fiscal year	Credit earned as reported by your employer.	Member contributions 2018 — 2019	Member contributions reported by employer(s) during the fiscal year.
Purchases/Transfers/Refunds	Current service credit purchases, transfers to/from TRSL, or refunds of contributions for this statement's fiscal year.	Purchases/Transfers/Refunds	Current member contributions for purchases, transfers to/from TRSL, or refunds of contributions for this statement's fiscal year.
Prior year service credit for benefit computation corrections	Corrections made (+/-) by your employer(s) correcting prior fiscal years' credit.	Prior year contributions corrections	Corrections made (+/-) by your employer(s) correcting prior fiscal years' contributions.
Total service credit for benefit computation	Your credit balance at the end of the fiscal year as reported by your employer(s) that will determine how	Ending balance as of June 30, 2019	Your balance from the previous year's statement + contributions + purchases/

Global

HS

Howard, Stacy

RE 12/21/2020 11:59 AM

Savoie, Allison



Humana

Dental Preferred

Subscriber: ALLISON M SAVOIE
Group Name: CALCASIEU PARISH SCHOOL BOARD
Coverage Type: FAM
Group ID: 881397

Member ID:	Member Name:
111216218 01	ALLISON M SAVOIE
111250918 03	CARSON SAVOIE
111250918 04	ROBBY SAVOIE

Benefit Details

Individual Deductible: \$500
Family Deductible: \$1500
Preventive Services: 100%
Basic Services: 80%
Major Services: 50%

Humana.com

Member Service: 1-800-753-4811
Dental Provider Service: 1-800-833-2223

Humana Dental Claims Office
P.O. Box 10611
Louisville, KY 40212-1011

Humana Health Benefit Plan of Louisiana, Inc.

Card Issued: 04/27/2015

Thank,

Stacy Howard

Insurance Clerk

Risk Management

Calcasieu Parish School Board

337-477-4440 Fax 3014

Entergy

EXHIBIT

C

Home > Billing and Payment History

[Sign out] Print

My Entergy Account

Account Summary

Add Accounts

Account Details

View My Bill

Pay My Bill

Billing and Payment History

Analyze My Bill Try

Power to Care Donation

Billing Options ▶

Bill Delivery Options

Automatic Monthly Payments

Payment Arrangements

Start/Stop/Move Service

Update Account Information ▶

View Outage Map

Cell Phone Texting

Alert Preferences

Billing and Payment History

Below is a list of your Entergy bills and payments.

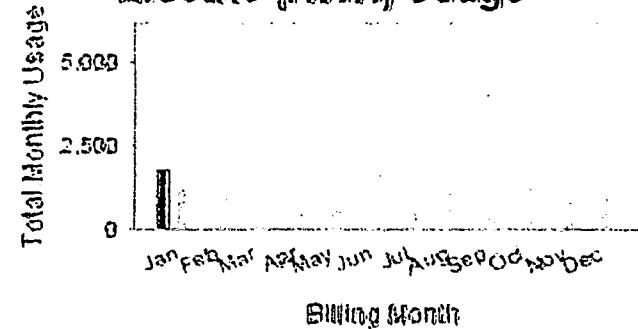
Name: ROBBY D SAVOIE

Account Number: 110132057

Service Address: 7831 MCCINDY RD,
LAKE CHARLES LA 70607-0735

Electric Usage Enlarge/Print

Electric (KWH) Usage



2020 2019

Billing History

Payment History

Usage History

Date	Description	Amount
12/12/2019	Monthly Current Charge	127.35
12/11/2019	Payment	-104.19
11/12/2019	Monthly Current Charge	104.19
11/06/2019	Payment	-170.03
10/11/2019	Monthly Current Charge	170.03
10/08/2019	Payment	-501.29
09/12/2019	Monthly Current Charge	501.29
08/20/2019	Payment	-221.64
08/19/2019	Monthly Current Charge	99.18
08/19/2019	Monthly Current Charge	122.46
07/08/2019	Payment	-182.50
06/14/2019	Monthly Current Charge	199.50

**BERIABANK**

Dashboard

Accounts

Move money

IFS Investments



AS

All activity

Entergy

Search and sorting options

2 scheduled activities

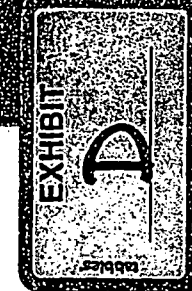


JAN 6	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$199.64
DEC 12 2019	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$104.19
DEC 10 2019	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$158.49
NOV 12 2019	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$205.59
NOV 7	BILL PAY ENTERGY SERVICES WEB allisav 5972	\$170.03

?



NETFLIX



Account

MEMBERSHIP & BILLING

[Cancel Membership](#)[robsav@suddenlink.net](#)

Password: *****

[Change account email](#)[Change password](#)[Add phone number](#)

Your next billing date is March 10, 2020.

[Update payment info](#)

VISA **** * 1048

[Billing details](#)[Change billing day](#)[Redeem gift card or promo code](#)[Where to buy gift cards](#)

PLAN DETAILS

Standard **HD**[Change plan](#)[No DVD plan](#)[Add DVD plan](#)

SETTINGS

[Parental controls](#)[Test participation](#)

MEMBERSHIP

New plan

Standard for \$12.99/month**2 screens + HD**

Your next bill

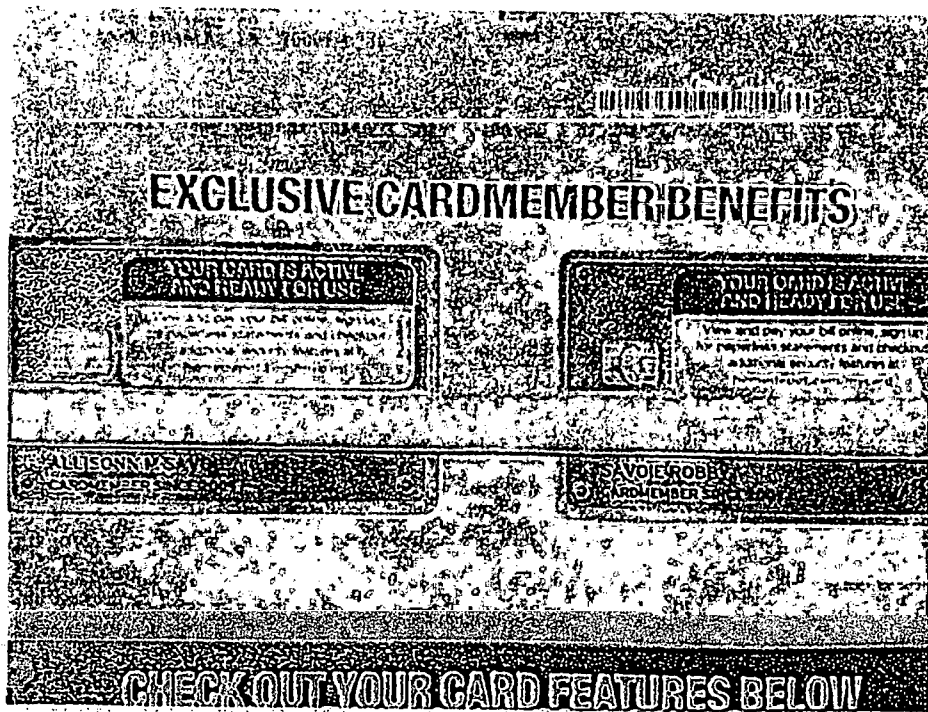
March 10, 2020

Membership fees are billed at the beginning of each period and may take a few days after the billing date to appear on your account. Sales tax may apply.

Date	Description	Service period	Payment method	Total
2/10/20	Streaming Service	2/10/20—3/9/20	VISA 1048	\$12.99
1/10/20	Streaming Service	1/10/20—2/9/20	VISA 1048	\$12.99
12/10/19	Streaming Service	12/10/19—1/9/20	VISA 1048	\$12.99
11/10/19	Streaming Service	11/10/19—12/9/19	VISA 1048	\$12.99
10/10/19	Streaming Service	10/10/19—11/9/19	VISA 1048	\$12.99
9/10/19	Streaming Service	9/10/19—10/9/19	VISA 1048	\$12.99
8/10/19	Streaming Service	8/10/19—9/9/19	VISA 1048	\$12.99
7/10/19	Streaming Service	7/10/19—8/9/19	VISA 1048	\$12.99
6/10/19	Streaming Service	6/10/19—7/9/19	VISA 1048	\$12.99
5/10/19	Streaming Service	5/10/19—6/9/19	VISA 1048	\$12.99
4/10/19	Streaming Service	4/10/19—5/9/19	VISA 1048	\$10.99
3/10/19	Streaming Service	3/10/19—4/9/19	VISA 1048	\$10.99
2/10/19	Streaming Service	2/10/19—3/9/19	VISA 1048	\$10.99

NOTE: We only show up to 1 year of billing history

Republic Finance, LLC P.O. Box 909 Lake Charles, LA 70601 (337) 474-8200 Date 10/3/2018 04:04 PM Date 10/3/2018 04:04 PM Transaction Date 10/3/2018 BM201478-110588/073788		Republic Finance, LLC P.O. Box 909 Lake Charles, LA 70601 (337) 474-8200 Date 10/3/2018 04:03 PM Date 10/3/2018 04:03 PM Transaction Date 10/3/2018 BM201480-110588/073788	
Beg Bal	\$8,740.00	Beg Bal	\$8,714.00
Principal	\$28.00	Principal	\$334.00
Other	\$0.00	Other	\$0.00
New Bal	\$8,714.00	New Bal	\$6,380.00
Late Chg	\$0.00	Late Chg	\$66.00
Exp Int	\$0.00	Exp Int	\$0.00
Cash Tended	\$28.00	Ck# 5343	\$400.00
Amount Paid	\$28.00	Amount Paid	\$400.00
Change	\$0.00	Change	\$0.00
Cash Available	\$2,385.69	Cash Available	\$2,785.69
Robby Sayole 7831 McCindy Rd. Lake Charles, LA 70607 Customer Copy		Robby Sayole 7831 McCindy Rd. Lake Charles, LA 70607 Customer Copy	



Robby Dean Savoie

August 22, 1969 ~ November 23, 2019



Robby Dean Savoie was called home to be with the Lord at 11:03 pm on November 23, 2019.

Family members were by his side when he departed for heaven. Robby was born in Lake Charles on August 22, 1969.

He attended McNeese University and L.S.U.E. He worked at Memorial Hospital as a lab tech starting in his teens, as he pursued a degree. He was then hired by Southland College to teach Phlebotomy. He wrote the curriculum approved by the Louisiana Department of Education and the National Phlebotomy Association. He eventually became self-employed and enjoyed being his own boss.

Robby never met a stranger and was always available to help people. He was an extremely intelligent man who could accomplish just about any task.

Those left to cherish his memories are his wife Allison Thibodeaux Savoie; his two sons, Alec

Dean Savoie and Carson Maxx Savoie; his parents, Paul and Bobbie Savoie; brothers, Paul Savoie Jr. and wife Connie and Kevin Savoie and wife Lori. He is also survived by several uncles,

aunts and cousins, nephews Ryan and Ashton Savoie, Blake and wife Tiera, and Jordan Rogers, Aiden Rogers and John William Rogers and niece Madison Rogers.

The family would like to thank the doctors and nurses at Lake Charles Memorial ICU for their compassionate care with special thanks to Dr. R. Craig Brussard.

Robby's wish was for his loved ones to always put their right foot forward; looking hopefully towards the future while meeting every challenge with a discerning mind.

Funeral arrangements are as follows: visitation Tuesday at Johnson Funeral Home on Lake Street from 5:30 to 8:30 pm, Wednesday visitation from 10:00 to 11:00 am with the service immediately following. Brother Alan Weishampel will officiate, and the burial will be at Highland Memory Gardens under the direction of Johnson Funeral Home.

Messenger L168

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